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FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	l o	RGANIZA			
		(See instruction	es)		Office use only
1. NAME OF COMMITTEE (in		(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
PRINCIPAL LI	FE INSURANCE C	OMPANY POLIT	TICAL ACTION COMMITT	'EE	
ADDRESS (number and	street) 711 H	IGH STREET			
(Check if addr		RNMENT RELA	TIONS		
is changed)		MOINES		L <mark>i</mark> A L	50392 - 0220
COMMITTEE E MA	II ADDDECC		CITY▲	STATE▲	ZIP CODE ▲
COMMITTEE'S E-MA kempkes.jill@					1
1					
COMMITTEE'S WEB	PAGE ADDRESS (UF	RL)			
COMMITTEE'S FAX N 5152488439	NUMBER	J			
2. DATE 0.7	M / D D / Y	^Y 2 0 0 7 Y			
3. FEC IDENTIFICA	ATION NUMBER	(C C00128918		
4. IS THIS STATEM	MENT X NEW	(N) OR	AMENDED (A)		
I certify that I have exam	ined this Statement and	to the best of my knov	vledge and belief it is true, correc	and complete	_
Type or Print Name of	Treasurer	ERLE PEDERSO	ON		
Signature of Treasure	r Electronically Filed	by MERLE PE	DERSON	Date 07	0 3 Y Y Y Y Y Y
NOTE: Submission of fa		-	subject the person signing this S	•	_
Office Use Only			For further information Federal Election Common Toll Free 800-424-953	nission	FEC FORM 1 (Revised 02/2003)

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5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the ca information below.)	ndidate
	Name of Candidate	
	Candidate Office Sought: House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	(d) This committee is a (or subordinate) committee of the Rep	mocratic, ublican,etc.) Party.
	(e) X This committee is a separate segregated fund	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fun committee.	d or party
6.	Name of Any Connected Organization or Affiliated Committee	
	Mailing Address	
	CITY▲ STATE ▲ Z	IP CODE A
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organizatio	n
	Membership Organization Trade Association Cooperative	
	<u> </u>	

Title or Position ♥

Assistant Treasurer

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٧	Vrite or Type Commi	ttee Name			
	PRINCIPAL LI	FE INSURANCE	COMPANY POLITICAL ACT	TON COMMITTEE	
7.		cords: Identify by Committee books a		ber optional), and position of t	ne person in
	Full Name				
	Mailing Address				
	Title or Position ▼		CITY A	STATE▲	ZIP CODE A
				Telephone number	
3.			dress (phone number optio ated agent (e.g., assistant tre	nal) of the treasurer of the comm asurer).	ittee; and the
	of Treasurer	SHELLY MEIG	HAN		
	Mailing Address		Principal Financial G	roup	
			711 High Street		
			Des Moines	IA	50392 – 0001
	Title or Position ▼		CITY A	STATE▲	ZIP CODE ▲
	1	Treasurer		Telephone number 515	283 8946
	Full Name of				
	Designated Agent	MERLE PEDE	RSON		
	Mailing Address		Principal Financial G	roup	
			711 High Street		
			Des Moines	IA	50392 – 0220

CITY A

STATE A

Telephone number

515

ZIP CODE A

2186

248

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9.	 Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, re safety deposit boxes or maintains funds. Name of Bank, Depository, etc. 									ents	\$																					
			1				لـــا		1	L	 	 			 	 																 _
	Mailing Address				l			<u> </u>	<u> </u>		 <u> </u>	 			 	 									 		_					
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Banks or Other Depositories: List safety deposit boxes or maintains funds. Name of Bank, Depository, etc.	all banks or other depositories in which the com		unts, rents
Mailing Address	CITY 🛆	STATE 4 Z	ZIP CODE A
Name of Any Connected Organization	on or Affiliated Committee	IDA]	DITIONAL]
Mailing Address			
	CITY	STATE ▲	ZIP CODE A
Relationship Type of Connected Organization:			
Corporation Membership Organization	Corporation w/o Capital Stock Trade Association	Labor Organizat Cooperative	ion

Designated Agent [ADDITIONAL]

i 			
Principal Financial Group			
711 High Street			
Des Moines	IA	50392	3750
CITY A	STATE▲	ZIP CO	DE A
	515 Telephone number	247	6200
	Principal Financial Group 711 High Street Des Moines CITY A	Principal Financial Group 711 High Street Des Moines IA CITY A STATE A 515	Principal Financial Group 711 High Street Des Moines IA 50392 CITY A STATE A ZIP CO

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Banks or Other Depositor safety deposit boxes or mai Name of Bank, Depository,	intains funds.	r other depositories in which the co		accounts, rents
Mailing Address				
		CITY 🛆	STATE △	ZIP CODE 🛕
Name of Any Connected	I Organization or Affilia	ated Committee	[ADDITIONAL]
Mailing Address				
		CITY▲	STATE ≜	ZIP CODE 🛦
Relationship				
Type of Connected Organi	ization:			
Corporation		Corporation w/o Capital Stock	Labor Orga	anization
Membership Orga	anization	Trade Association	Cooperativ	

Designated Agent [ADDITIONAL]

Full Name KAREN	SHAFF			
Mailing Address	Principal Financial Gro	oup		
	711 High Street			
	Des Moines	IA	50392	0300
Title or Position ♥	CITY A	STATE▲	ZIP CO	DE A
Vice Chairp	erson	Telephone number 515	247	6139

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Banks or Other Depositor safety deposit boxes or mair			
Name of Bank, Depository, 6	etc.	[/	ADDITIONAL]
Mailing Address			
	CITY 🛆	STATE △	ZIP CODE 🛆
Name of Any Connected	Organization or Affiliated Committee	[/	ADDITIONAL]
Name of Any Connected	Organization or Affiliated Committee		ADDITIONAL]
Name of Any Connected	Organization or Affiliated Committee		ADDITIONAL]
	Organization or Affiliated Committee		ADDITIONAL]
Name of Any Connected Mailing Address	Organization or Affiliated Committee		ADDITIONAL]
	Organization or Affiliated Committee		ADDITIONAL]
	Organization or Affiliated Committee	[/	ADDITIONAL]
	CITYA		ZIP CODE A
Mailing Address	CITYA	STATE A	ZIP CODE A
Mailing Address Relationship	CITYA	STATE A	ZIP CODE A

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Designated Agent [ADDITIONAL]

Full Name SARAH	O'BRIEN			
Mailing Address	Principal Financial Gr	oup		
	711 High Street			
	Des Moines		50392	_ 5530
Title or Position ▼	CITY A	STATE▲	ZIP CO	DE A
Secretary		Telephone number		8233